

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 APR 19 AM 9:38
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KEY STATES

ADDRESS (number and street)

1025 CONNECTICUT AVE, NW



Check if different
than previously
reported. (ACC)

Suite 1000

WASHINGTON, DC

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00560802

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

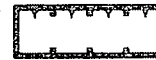


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

07

01

2015

through

12

31

2015

IN ACTIVE

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT P. VISSER

Signature of Treasurer

Robert P. Visser

Date

04

08

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Key States

Report Covering the Period:

From:

07 / 01 / 2015

To:

12 / 31 / 2015

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 2015

95.12

95.12

(b) Cash on Hand at
Beginning of Reporting Period.....

101.65

(c) Total Receipts (from Line 19).....

25.00

25.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

126.65

126.65

7. Total Disbursements (from Line 31).....

31.48

31.48

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

95.12

95.12

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0-

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Page 3

Key States

From:

Three evidence tags are shown, each with a label in the top left corner and a handwritten number in the center. The first tag is labeled 'M M M' and contains the number '07'. The second tag is labeled 'B B B' and contains the number '0'. The third tag is labeled 'V V V V V V V V' and contains the number '2015'.

To:

12 31 2015

COLUMN B
Calendar Year-to-Date

- (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating Expenditures

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party

Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures

(use Schedule E)

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))

29. Other Disbursements

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid Entirely With Federal Funds

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

Cag Le Rat & Transitions

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36) ▶

2010 04 16 PM 08:00:00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:			PAGE		OF	
(check only one)						
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KEY STATES

Full Name (Last, First, Middle Initial)

A.		Date of Receipt	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

B.		Date of Receipt	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

C.		Date of Receipt	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
<input type="text"/>		<input type="text"/>	
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KEY STATES

Full Name (Last, First, Middle Initial)

A. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
--	--	---

B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
--	--	---

C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
--	--	---

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2010-01-10 10:00:00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

KEY States

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">Key States</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-family: monospace;">C</div>	
LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.5em; font-family: cursive;">N/A</div>		Amount of Loan <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>	
City	State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 1.2em;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div><div style="border: 1px solid black; width: 20px; height: 1.2em;"></div></div>	
		Title	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE _____ OF _____
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 2em; font-family: cursive;">Key States</div>	FEC IDENTIFICATION NUMBER C
--	--------------------------------

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on _____

Full Name of Payee <div style="font-size: 2em; font-family: cursive;">N/A</div>		Date of Public Distribution/Dissemination ____/____/____	
Mailing Address		Amount _____	
City	State	Zip Code	Date of Disbursement or Obligation ____/____/____
Purpose of Expenditure		Category/Type	____/____/____
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	____/____/____
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	_____
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____
(c) TOTAL Independent Expenditures.....	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date _____

2010-01-10 10:10:00 AM

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Key States	<input type="checkbox"/> Check if 24-hour notice
--	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: <div style="text-align: center; font-size: 2em;">W/A</div>	Full Name of Subordinate Committee Mailing Address City State ZIP Code
---	--

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: Aggregate General Election Expenditure for this Candidate ▶	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: Aggregate General Election Expenditure for this Candidate ▶	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District: Aggregate General Election Expenditure for this Candidate ▶	Purpose of Expenditure <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> Category/Type Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> Amount <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTAL of Expenditures This Page (optional).....▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
TOTAL This Period (last page this line number only).....▶	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

2010-01-10 10:10:00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Key States

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Key States

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

N/A

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

2010-04-10 10:00:00

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

2016-04-10 08:00:00

SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Key States

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2010-01-10 10:00:00

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Key States

A. Full Name (Last, First, Middle Initial) / Full Organization Name

N/A

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">KEY STATES</div>		
NAME OF ACCOUNT <div style="font-size: 2em; font-family: cursive;">N/A</div>		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

2010-01-10 10:00:00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE OF

FOR LINE NUMBER:
 (check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

KEY States

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

A.

Mailing Address

N/A

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

/ /

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2010-04-10 10:00:00 AM

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:		PAGE		OF
(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5	
	<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Key States

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM	DD	YYYY
----	----	------

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional).....▶


TOTAL This Period (last page this line number only).....▶

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2010-04-19 PM 00:00:00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>04-08-2016</i>
	Date of Receipt <i>04-19-2016</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>04-19-2016</i> DATE PREPARED

(3/2015)

20160419 10:01:00 00000000